

## APPLICATION FOR AUTHORIZATION TO ISSUE STUDENT LICENSE

### PART A

FIRM NO.	DS NUMBER
STREET ADDRESS	CITY ZIP

Each applicant's vision must meet the criteria stated in Section 401.20(a) (2) (A) in Title 13 of the California Code of Regulations.

The driving school named above has at least one designated employee trained to conduct vision screening using the device. (check one)

☐ Yes ☐ No

Device to screen distance vision of each applicant fore a student license. (Check appropriate box[es]. If other, describe device.)

☐ Snellen Chart  
☐ Orthorater (indicate type) ☐ Standard ☐ Portable  
☐ Other \_\_\_\_\_

### PART B

The following employees are authorized to participate in the student license program as of

\_\_\_\_\_  
DATE

**NOTE: ONLY EMPLOYEES LISTED BELOW AND WHOSE SIGNATURES APPEAR BELOW WILL BE AUTHORIZED TO SIGN A STUDENT LICENSE.**

EMPLOYEE NAME	EMPLOYEE SIGNATURE	OCCUPATIONAL LIC. NO.

*I certify that all the information contained in this application is true to the best of my knowledge. I further certify that I will notify DMV immediately upon the termination of any authorized employee listed below. I also will ensure each authorized employee will maintain a valid occupational license pursuant to 11100(a) CVC and 344.12(a)(1), (b), and (e) CCR.*

EXECUTED AT (CITY, STATE)	DATE
---------------------------	------

SIGNED

(Check one) ☐ Owner ☐ Operator

PRINTED NAME

FOR DEPARTMENT USE ONLY	DATE RECEIVED	DATE APPROVED
----------------------------	---------------	---------------